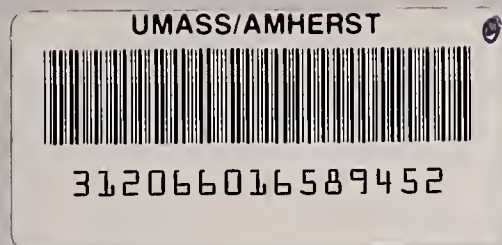


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STATE OF MASSACHUSETTS CHILDREN AND YOUTH FACT BOOK

October, 1996

Prepared by the Massachusetts Legislative Children's Caucus

EXECUTIVE SUMMARY

This marks the sixth year of the publication of The State of Massachusetts Children and Youth Fact Book. What began as a slim booklet of a few facts and statistics about Massachusetts' children has evolved into a comprehensive compendium of the vital indicators which tell the story of our Commonwealth's children, youth and families. The State of Massachusetts Children and Youth Fact book provides an annual checklist of how Massachusetts children have fared both internally as well as nationally. The information that is gathered and extrapolated allows for an insightful, accurate and often frightening portrait of the world in which our children live. Everything from birth rate to substance abuse to reading proficiency to A.I.D.S. is examined and reported in an effort to track trends in statistics and behavior patterns from year to year.

While there are some areas of child and youth health and well-being in which Massachusetts continues to improve, there are other areas whose statistics show the ever increasing need for greater vigilance, broader public education and in certain instances expanded finances. The key findings listed below highlight some of the basic indicators whose outcomes, both singly and together, have the potential to predict a child's future.

Poverty

Sixteen percent of Massachusetts children lived in poverty in 1994 dropping the Commonwealth's ranking from 5th in the nation in 1985 to 18th in 1993. When compared with 17 other developed countries, including Canada, Australia, Israel, Germany and France, the United States' child poverty rate was higher than every other country except for the UK and Ireland.

Prenatal Care

In 1993, the national percentage of women receiving adequate prenatal care was 72%. In 1994, while 84.3% of all Massachusetts women received adequate prenatal care, there were 14 communities in the Commonwealth where less than the national average of 72% of women received adequate prenatal care.

Teen Birth Rate

In 1994 there were 6,412 infants born to women ages 15-19 in Massachusetts. From 1980 to 1990, the birth rate among Massachusetts teen women increased 27% overall, but decreased by 0.9% from 1993 to 1994. Accordingly, Massachusetts' ranking for lowest teen pregnancy rate has slipped from third in the nation in 1985 to eighth in 1993.

Percent Low-Birthweight Babies

In Massachusetts in 1994 there were 5,335 low-birthweight (less than 2,500 grams or 5.5 pounds) babies born to Massachusetts women, accounting for 6.4% of total births in the state. While this represents an increase of 0.3% from 1993, Massachusetts' rate of low-birthweight babies is still 14.1% lower than the national rate of 7.2, ranking Massachusetts 17th in the nation.

Infant Mortality

There was a 3% decrease in the infant mortality rate from 1993 to 1994, heralding the lowest recorded rate in the Commonwealth's history and placing Massachusetts third in the nation for the lowest infant mortality rate. Despite this, a black, non-Hispanic child born in the city of Boston has less chance of surviving its first year of life than a child born in Cuba, Sri Lanka or Malaysia.

Homelessness

The Citizens' Housing and Planning Association estimates, based on shelter occupancy, that more than 2,200 children in Massachusetts are homeless on an average night.

Child Care

The need for decent, affordable child care remains acute. According to 1990 Census data, 270,000 children in the Commonwealth under the age of six require part- or full-time child care. With providers and space at a premium, there are more children than slots. For example, there are approximately ten infants waiting for each child care slot that becomes available.

Child Abuse

The number of both substantiated and reported cases of child abuse and neglect and child sexual abuse have declined in the past year. Substantiated cases of abuse and neglect decreased by 4% while reported cases decreased by 1% from 1994 to 1995. Substantiated sexual abuse cases have declined 21% and reported cases have declined 13% for the same period.

Education

Drop-Out -- In 1995 the annual drop-out rate for all Massachusetts students was 3.6%. The Department of Education estimates that 14% of students who entered ninth grade in 1994 may drop-out before graduation. Still, the overall rate of high-school drop-outs in the state has continued to decline since 1985. Currently Massachusetts is ranked 7th in the nation for high-school drop-out rate.

Reading Proficiency -- This statistic evaluates the level at which Massachusetts children and youth are able to read and comprehend material considered appropriate for their specific grade. Proficiency has been divided into five different levels: Below Level I, Level I, Level II, Level III and Level IV. In 1994, 39% of fourth grade students, 40% of eighth grade students and 49% of tenth grade students tested Below or at Level I.

Substance Abuse/Smoking

Illegal Drugs/Alcohol -- Drug use is on the rise throughout the country, and Massachusetts is no exception. For Massachusetts high school students, recent marijuana use has nearly doubled in the past five years, an increase from 17.4% to 32.4%. (Recent use is defined as having used the product/substance in the 30 days prior to the survey.) Recent cocaine use has also increased significantly for this population from 1.6% to 3.4% for the same period. Alcohol continues to be the most heavily used substance among adolescents with 79.2% of students reporting lifetime use. (Lifetime use is defined as having ever tried a product/substance.)

Smoking -- Nationally approximately 3,000 youth per day begin smoking and 1,000 of them will eventually die as a result of this habit. Overall smoking has been steadily increasing in Massachusetts over the past five years. There was a significant increase in recent smoking from 28.9% in 1990 to 37% in 1995 and in lifetime cigarette use from 62.2% in 1990 to 72.2% in 1995. However, daily smoking has only increased slightly from 14% to 15.3% for the same period.

Youth Employment

The Massachusetts annual youth unemployment rate (ages 16-19) was 15.9% in 1995 down from 18% in 1994.



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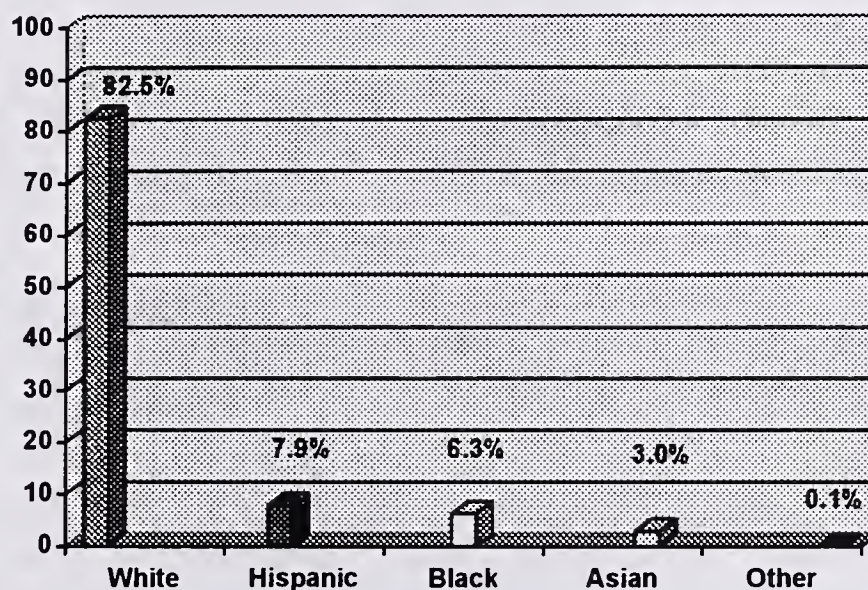
I. DEMOGRAPHICS

A. POPULATION

In Massachusetts, there are 1,423,800 children and youth under the age of 18, representing almost a quarter of the total population.¹ Of these children approximately:

- 78.2% are White
- 8.5% are Hispanic
- 6.6% are Black, non-Hispanic
- 3.3% are Asian and Pacific Islander
- 0.2% are of other racial/ethnic origin.²

MASSACHUSETTS CHILD POPULATION BY RACE



In Massachusetts, there are a total of 733,440 households with 1 or more persons under the age of 18. Of these households:

- 74.0% are married-couples families
- 21.0% are female headed households with no husband present
- 4.0% are male headed households with no wife present
- 0.8% are considered nonfamily households.³

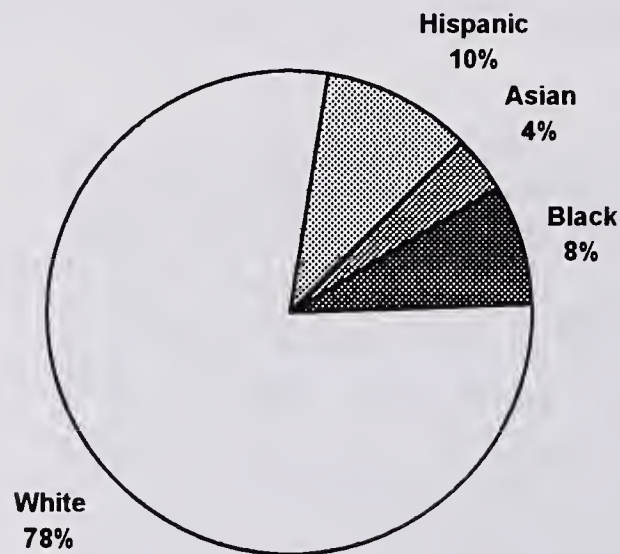
In the United States there are 63,604,432 children and youth under the age of 18, representing 25.6% of the total population.⁴

B. BIRTH RATE

In 1994, there were 83,758 infants born to Massachusetts women. Of these infants:

- 77.1% or 64,576 were born to White, non-Hispanic women
- 10.1% or 8,429 were born to Hispanic women
- 7.5%, or 6,258 were born to Black, non-Hispanic women
- 4.0%, or 3,382 were born to Asian women.⁵

**MASSACHUSETTS BIRTH RATE, BY RACE
1994**



In 1994, the Massachusetts crude birth rate (births per 1,000 residents) was 13.7 while the United States crude birth rate was 16.0.⁶

C. POVERTY

In 1993, 16.0% of Massachusetts children lived in poverty.⁷

Based on data collected between 1985-1993, Massachusetts is ranked eighteenth in the nation in percentage of children living in poverty.⁸

In Massachusetts according to 1989 income level data, 13.2% or 176,221 children under the age of 18 lived in poverty. The poverty line was \$12,320 per year for a family of three. Of these children in Massachusetts:

- One in every eleven (9.2%) White children is poor
- One in every four (24.1%) Asian/Pacific Islander children is poor
- One in every three (33.3%) Black children is poor
- One in every two (49.1%) Latino children is poor
- One in every three (35.3%) Native American children is poor.⁹

Nationally, approximately 21.2%, or 14.6 million, of the nation's children live in poverty.¹⁰ As a group, children are now the poorest segment of the nation's population and are nearly seven times as likely to be poor as those over sixty-five.¹¹

National research has shown that children who live in poor families tend to have more deficient basic skills and fare poorly in school; they are more prone to drop out of high school than children who reside in middle and upper-middle income families. Given the importance of basic skills and formal educational attainment for success in the labor market today, many of the children in poor and near poor families are at high risk of becoming the hard core unemployed and the poor of tomorrow.¹²

D. AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC)

In Fiscal Year 1996, there were 172,287 Massachusetts children or youth receiving AFDC/TAFDC benefits.¹³

In Massachusetts, the average family receiving AFDC/TAFDC is comprised of a mother and two children. In 1995, the average annual AFDC/TAFDC grant for a family of three living in subsidized housing was \$6,468 or \$6,966 if living in private housing. The 1994 federal poverty line for a family of three was \$12,320 per year.¹⁴

In 1994, almost half, or 47%, of children receiving AFDC/TAFDC benefits were under the age of five. In Massachusetts, 20% of all children under five live in families that receive AFDC/TAFDC.¹⁵

II. HOMELESSNESS

The Citizens' Housing and Planning Association estimates, based on shelter occupancy, that more than 2,200 children in Massachusetts are homeless on an average night.¹⁶

Nationally there is more homelessness today than at any other time since the Great Depression.¹⁷

The portion of families and children comprising the homeless population has increased from 27% in 1985 to 36% in 1995. Research indicates that homeless children have difficulty with language and motor skills, personal and social development and often exhibit signs of severe anxiety and depression.¹⁸

III. HUNGER

Nearly 200,000 Massachusetts children under the age of 12, or one in every four children, are hungry or are at risk of being hungry. However, this estimate does not include homeless families or families with incomes above 185% of the federal poverty level.¹⁹

According to the Community Childhood Hunger Identification Project and Food Research and Action Center, "approximately four million children under the age of 12 in the United States are hungry and an additional 9.6 million are at risk of hunger. This means that 29% of U.S. children--more than one in four--are hungry or at risk of hunger."²⁰

Nationwide 15.8% of one to five year old poor children get less than 70% of the allowance for calories. More than 51% don't get enough zinc, an element needed for brain function. In general, underfeeding can cause learning, thinking and behavioral problems, even when it's not severe enough to stunt growth.²¹

Children in families that experience hunger are nine times more likely to experience unwanted weight loss, five times more likely to experience fatigue, twice as likely to suffer frequent colds, four times more likely to experience problems with concentration and four times more likely to be absent from school than children in non-hungry, low-income families.²²

The United States government estimates that the food stamp program increases the nutritional quality of poor children's diets by 20%. Children comprise more than half of food stamp recipients.²³

IV. HOUSING

In Massachusetts in 1994, children comprised an estimated 47% or 22,600 of the residents in state conventional public housing. For the same period in the rental assistance program, an estimated 46% or 74,200 of the participants are children.²⁴

In 1995, the average cost of a two-bedroom rental in Massachusetts was \$915.11 per month²⁵ and the average cost of a house was \$182,397.²⁶

A United States Census study reports that almost half (48%) of all American families cannot afford to buy a median-priced house in the region where they live and 91% of all current renter families cannot afford to buy a home.²⁷

The rate of home ownership in Massachusetts stands at 60.6% while the national average is 64.0%.²⁸

V. CHILD CARE

According to 1990 Census data, 270,000 Massachusetts children under the age of six (representing almost 60% of all children in this age group) live in families where a single parent or both parents work outside of the home.²⁹

Currently, Massachusetts licensed child care providers have the capacity to serve a total of 184,951 children, consisting of:

- 24,610 school-age child care slots from 540 programs
- 95,682 group day care slots from 2,160 programs
- 57,541 family day care slots from 10,800 programs
- 7,118 substitute care slots from 659 programs.³⁰

The need for affordable day care remains acute. Approximately 10 infants wait for each child care slot that becomes available in the state.³¹

Between 1970 and 1990, the proportion of mothers with children under age six who were working or looking for work outside of their homes rose from 32% to 58%.³² This figure indicates that by the year 2000, 70% of all preschool age children and 80% of all school age children will have mothers in the work force.³³

Long-term studies show that quality preschool experience leads to higher levels of school completion and lower levels of delinquency, criminal behavior, teen pregnancy and welfare dependency.³⁴

VI. ADOPTION

In Massachusetts, in Fiscal Year 1995, 1,102 adoptions were finalized by the Department of Social Services. This represents an increase of 30% over the total number of finalized adoptions in FY 1994.³⁵

It is estimated that the Department of Social Services currently has about 4,400 children in their custody whose goal is adoption. It is also estimated that the number of children in Massachusetts waiting to be adopted is increasing at a rate of 900 children per year.³⁶

VII. CHILD SUPPORT

In Fiscal Year 1994, child support was collected in 25.4% of all cases in Massachusetts. This is a 4.8% increase from FY93.³⁷ For each dollar invested in administrative costs between \$7 and \$10 is saved in state and federal support.³⁸

VIII. EDUCATION

A. STUDENT ENROLLMENT

In the 1994/95 school year, there were 916,927 students enrolled in Massachusetts public and non-public schools (kindergarten through grade 12). Of the total student population, approximately 85% were enrolled in public schools and 15% were enrolled in private schools.³⁹

Between 1990 and 1993, the percentage of public students enrolled in grades K-8 increased 6.3% and in grades 9-12 by .80%.⁴⁰

According to the U.S. Census Bureau, in Massachusetts,

- 80.0% of people 25 or older have obtained a high school degree or higher
- 27.2% of people 25 or older have obtained a bachelor's degree or higher
- 10.6% of people 25 or older have obtained advanced degrees.⁴¹

B. DROP-OUT RATE

In 1995, the annual drop-out rate for Massachusetts was 3.6%. In other words, a total of 8,396 students enrolled in grades 9-12 dropped out of Massachusetts public schools before the completion of the 1994-95 academic year. It is estimated that 14% of the students who entered ninth grade in 1994 may drop-out before graduation.⁴²

According to a 1991 study published by the National Commission on Children, almost 30% of ninth graders in the United States do not graduate from high school. Each year's class of drop-outs costs the nation approximately a quarter of a million dollars in lost wages and foregone taxes over their lifetimes. More than half of the new jobs created by the year 2000 will require some education beyond high school, and nearly one-third will require four or more years of college.⁴³

In Massachusetts, nearly 60% of prison inmates are drop-outs.⁴⁴

C. BILINGUAL EDUCATION

In the 1994/95 school year, there were 114,461 students enrolled in the state's public schools whose first language was not English, representing about 12.5% of the total public school population in Massachusetts. Among this population, approximately 39% (45,044 students) were enrolled in Limited English Proficient programs. In Massachusetts, the number of ethnic, racial and linguistic minority students has continued to climb over the past decade.⁴⁵

D. READING PROFICIENCY

The following charts indicate the fluctuations in reading proficiency from 1992 to 1994 for Massachusetts students in grades four, eight and ten.

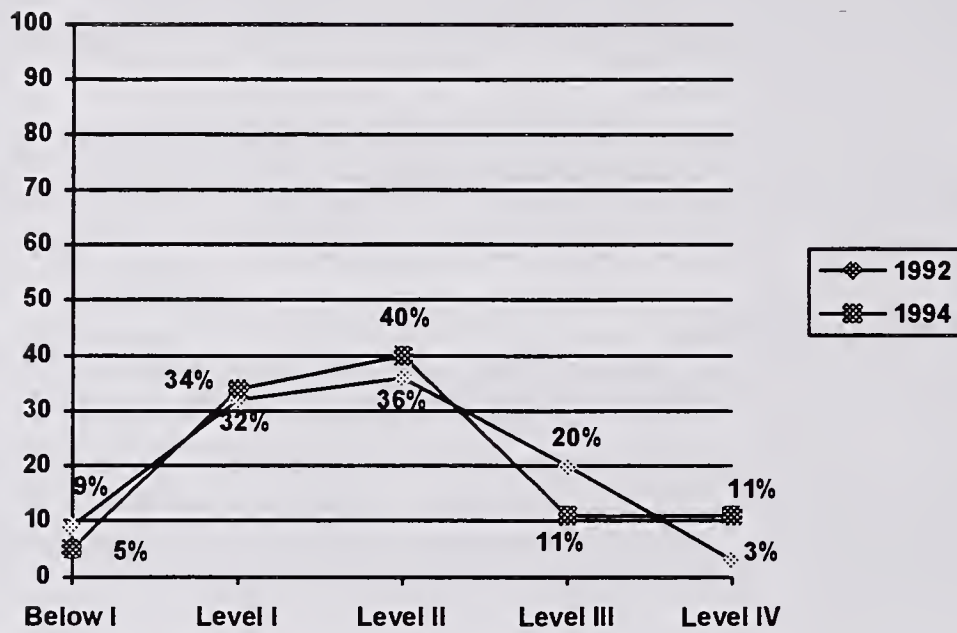
Basic proficiency levels for all areas tested, including reading, math, science and writing, are defined as follows:

Below Level I:	Responses at this level provide insufficient information to evaluate performance.
Level I:	Beginning to grasp factual knowledge.
Level II:	Firm grasp of factual knowledge.
Level III:	Beginning to think critically, problem-solve and reason and communicate effectively.
Level IV:	Exemplary in knowledge and in thinking, reasoning and communication skills. ⁴⁶ *

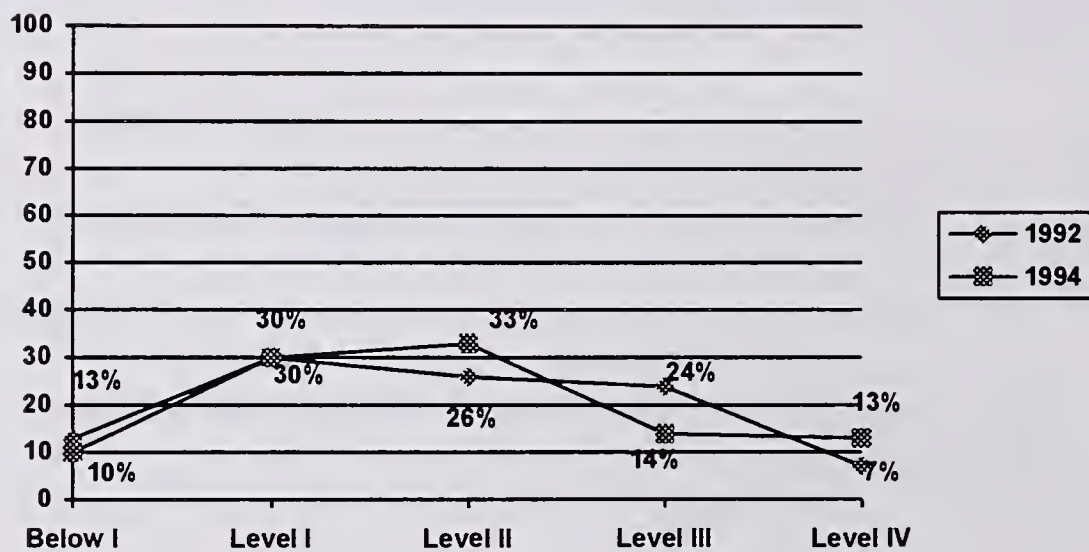
** While reading proficiency definitions share common, basic criteria for evaluation at all grade levels, they are also grade specific. The following definitions are used by the Massachusetts Educational Assessment Program to evaluate reading proficiency at the fourth grade level:*

Below Level I: Responses provide insufficient evidence to evaluate performance.

M.E.A.P. FOURTH GRADE READING PROFICIENCY RESULTS 1992 AND 1994

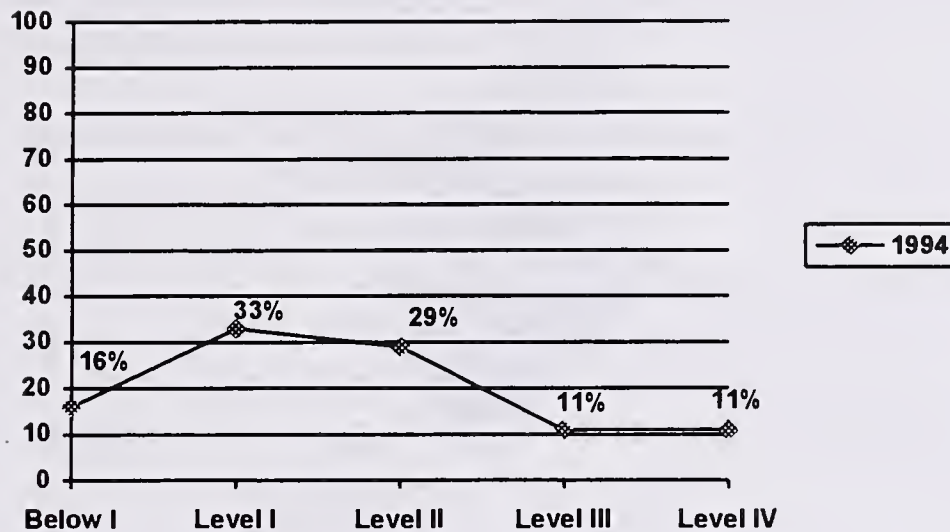


M.E.A.P. EIGHTH GRADE READING PROFICIENCY RESULTS 1992 AND 1994



Level I: Responses indicate the beginnings of literal comprehension, such as locating facts in a passage, simple vocabulary skills, and decoding the meaning of words using context clues. Responses also demonstrate identification of the setting of the story and the major story events and location of specific information contained within the text. However, these responses simply identify details and repeat information from the passage rather than exhibit analytical thinking.

M.E.A.P. TENTH GRADE READING PROFICIENCY RESULTS 1994**



***Test was not administered in 1992 so comparison data is unavailable.*

There have been some improvements in limited grades and levels, but overall data indicate that reading proficiency has remained stagnant. It should be noted, however, that the most significant improvements occurred at Level IV for grade four (+ 8 points) and grade eight (+ 6 points). In summarizing the data for 1994, 39% of fourth grade students, 40% of eighth grade students, and 49% of tenth grade students were at or below Level I.⁴⁷

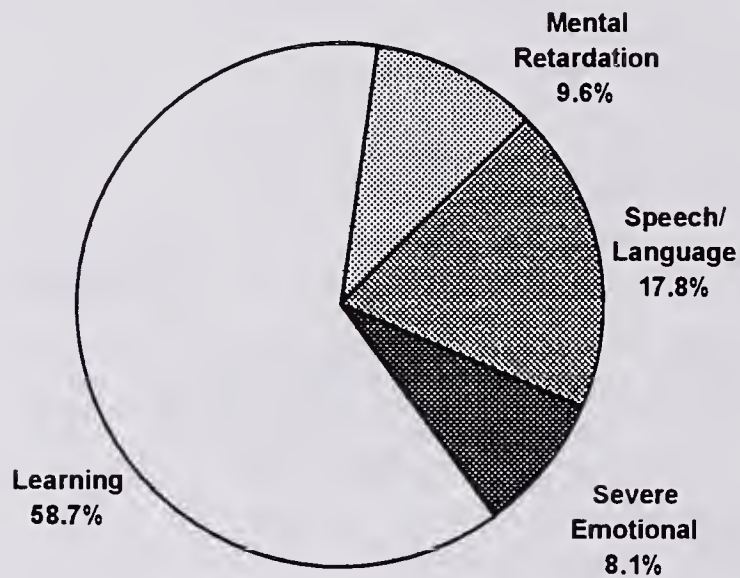
E. SPECIAL EDUCATION

In the 1993/94 school year, there were 149,431 special needs students in Massachusetts, representing 16.9% of the school-age population. Of these students with special needs, 58.7% have learning disabilities, 17.8% are students with speech/language impairments, 9.6% are students with mental retardation, and 8.1% are students with severe emotional disturbances.⁴⁸

Research shows that special education programs are considered effective in developing basic skills in language arts, mathematics and comprehension in addition to enhancing projected lifetime earnings.⁴⁹

Level II: Responses at this level indicate a facility with literal comprehension and understanding of vocabulary when the questions are context bound (i.e., they are asked in the same manner in which they are taught). However, they display minimal content and lack elaboration and examples. While responses do indicate elementary inferential and analytical skills, the answers are often flawed or incomplete, nor do they provide any explanation or textual evidence for the position taken. If explanation is provided, it is often very general and out of context.

Special Needs of Massachusetts Students Enrolled in Public Schools 1993/1994



F. DEVELOPMENTAL DISABILITIES

The Massachusetts Department of Public Health estimates that approximately 41,000 children and youth are developmentally disabled.

Developmental disabilities are generally defined as severe, chronic mental and/or physical impairments (i.e. mental retardation, autism, cerebral palsy) that occur at an early age, are likely to continue indefinitely, and have a pervasive effect on an individual's functional abilities and need for services.⁵⁰

Early intervention in the lives of infants and toddlers with developmental delays (and those at risk of developmental delay) substantially enhances development, provides essential support to the family and minimizes future public-sector social costs. Studies indicate that states may recover, through savings in the costs of special education and institutionalization, between \$3 and \$7 for each \$1 invested in early intervention services.⁵¹

Level III: Responses at this level demonstrate a command of two of the basic elements of reading: literal comprehension and vocabulary skills. There is evidence of text analysis and evaluation of ideas. Responses recognize the main ideas of the passage and show understanding beyond the literal dimension. Responses further show keen observation skills, clear thinking and the beginnings of abstract thought. Responses may not respond fully to the requirements of the task and may show minor misinterpretations and flaws in communications. As illustrated in the above, there is evidence of inferential thinking, but with flaws in the evidence cited.

IX. HEALTH

A. HEALTH INSURANCE

In 1995 in Massachusetts, 23% or approximately 160,000 children under the age of 18 were without health insurance. The number of kids that live without health insurance has jumped by 75% in the past 6 years.⁵²

In 1994 in the United States, 10 million children had no health insurance for an entire year.⁵³

The majority of uninsured (64%) adults are employed. Of the employed uninsured 61% work 40 hours or more and have worked for their employer for more than 1 year.⁵⁴ Approximately two-thirds of uninsured children have at least one parent who works full-time. Only 20% of uninsured children live in families where neither parent is in the work force.⁵⁵

On average, it costs \$600 a day to hospitalize a child for an illness that could have been diagnosed and treated without hospitalization if the child had been given yearly routine preventive checkups. For every \$1 invested in preventive health care, there is an approximate savings of \$3 in consequential costs.⁵⁶

B. MEDICAID

In Massachusetts in Fiscal Year 1994, youth under the age of 21 accounted for 47.4% of the total Medicaid recipients and only 17.8% of the vendor payments in the state.⁵⁷

Nationally, Medicaid covers one in four children.⁵⁸

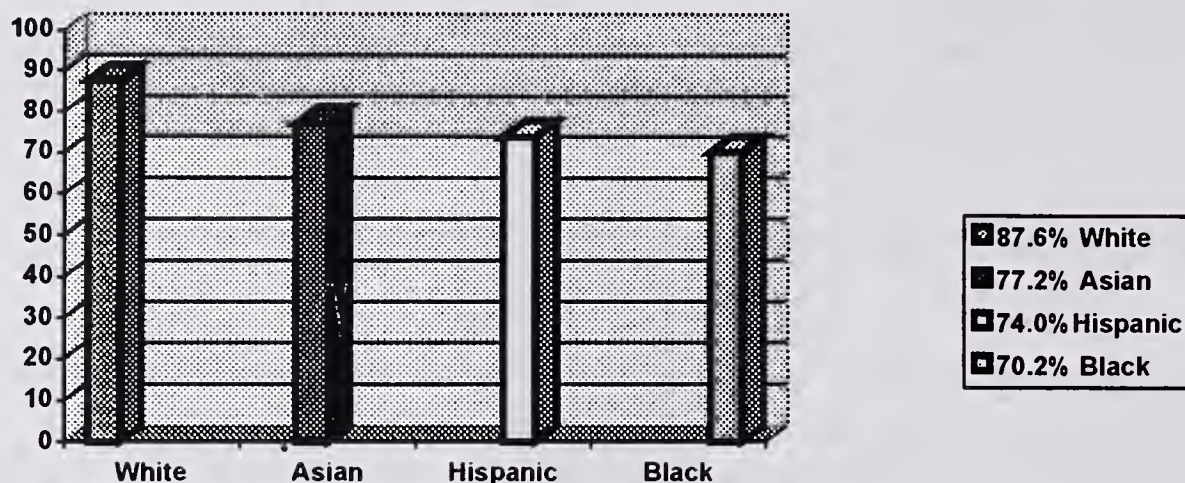
C. PRENATAL CARE

In 1994, 84.3% of Massachusetts women who gave birth received adequate prenatal care, a small increase of 0.6% from 1993. Of these women:

- 87.6% of White, non-Hispanic mothers received adequate prenatal care
- 77.2% of Asian mothers received adequate prenatal care
- 74.0% of Hispanic mothers received adequate prenatal care
- 70.2% of Black, non-Hispanic mothers received adequate prenatal care.⁵⁹

Level IV: Responses at this level reveal a firm understanding of the story's main ideas, show awareness of the author behind the text and various literary devices, such as voice, that are used by the author. Responses are also characterized by full, well-developed explanations with positions supported by appropriate and ample evidence from the passage.

Percent of Massachusetts Women Who Receive Adequate Prenatal Care, By Race 1994



Of Massachusetts women who received adequate prenatal care, only 5.9% delivered low birthweight babies. Adequacy of prenatal care increases with the age of the mother. In 1994, among women 18 years or younger at delivery, only 63.5% received adequate prenatal care as compared to 88.1% of women over the age of 35 who received adequate prenatal care.⁶⁰

In 1993, the national percentage of women receiving adequate prenatal care was 72%. In 1994, there were 14 Massachusetts communities that had less than 72% of women receiving adequate prenatal care.⁶¹

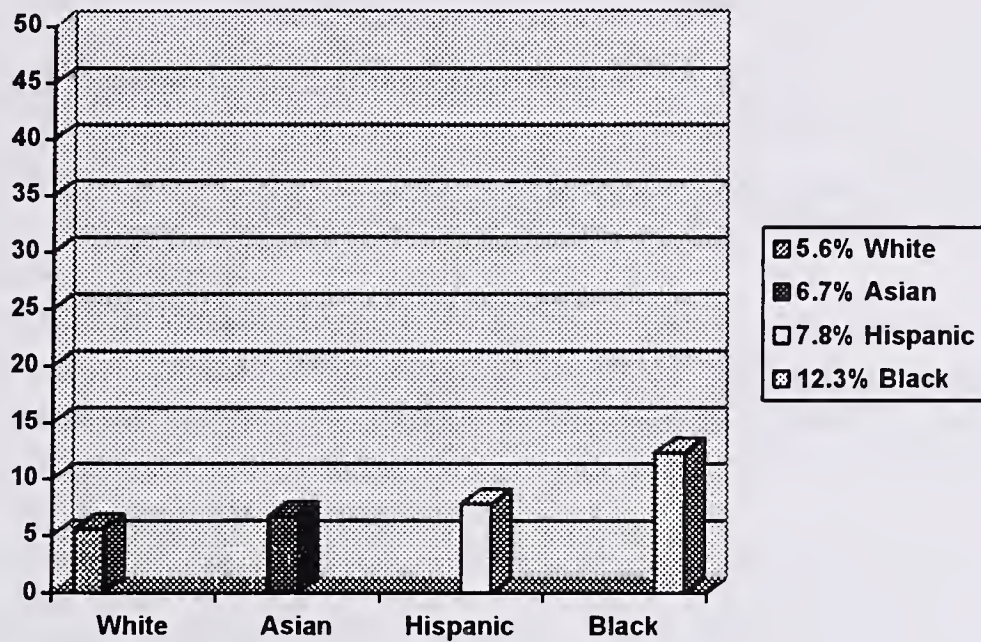
A study by the US Department of Agriculture shows that every \$1 invested in prenatal care returns more than \$3 in averted costs of caring for high risk infants. Women who do not receive routine care are approximately three times as likely to deliver low birthweight infants.⁶²

D. LOW BIRTHWEIGHT

In 1994, there were 5,335 low-birthweight (less than 2,500 grams or 5.5 pounds) babies born to Massachusetts women, accounting for 6.4% of total births in the state. This represents an increase from 0.3% in 1993. However, the rate of low birthweight babies in Massachusetts is still 14.1% lower than the national figure of 7.2%. "~~~~~" In Massachusetts in 1994:

- 5.6% of White, non-Hispanic mothers gave birth to low birthweight infants
- 6.7% of Asian mothers gave birth to low-birthweight infants
- 7.8% of Hispanic mothers gave birth to low-birthweight infants
- 12.3% of Black, non-Hispanic mothers gave birth to low birthweight infants.⁶³

Percent of Low Birth-Weight Babies Born In Massachusetts, By Race 1994



An infant's chance of survival is closely associated with its birthweight. A low birthweight baby is 40 times more likely to die in the first 28 days of life and is five times more likely to die from 28 days to one year of life than is an infant born at normal weight.⁶⁴ Low-birthweight babies are at substantially greater risk of chronic illnesses and disabilities, including cerebral palsy, retardation, autism, and vision and learning disabilities.⁶⁵

Each time a low-birthweight delivery is prevented in Massachusetts, \$20,000 - \$50,000 per baby is saved in hospitalization and long-term care costs.⁶⁶ On average, each time a very-low birthweight delivery is prevented, approximately \$150,000 or more is saved in neonatal intensive care unit costs.⁶⁷

E. INFANT MORTALITY

In 1994, the infant mortality rate was 6.0 deaths per 1,000 live births, representing a total of 499 infant deaths. This represents a 3% decrease from the 1993 infant mortality rate. Of these 499 deaths, 349 or 70% occurred within the first 27 days after birth. This rate is the lowest recorded to date in the Commonwealth's history and is 24.1% lower than the overall US rate. In Massachusetts in 1994, the infant mortality rate, broken down by race, is:

- 2.4 for Asian infants
- 5.3 for White, non-Hispanic infants
- 5.3 for other ethnic infants
- 7.6 for Hispanic infants
- 12.6 for Black, non-Hispanic infants.⁶⁸

By comparison, the difference in infant mortality rate among races is as follows:

- The Asian infant mortality rate is 55% lower than the White, non-Hispanic infant mortality rate
- The Hispanic infant mortality rate is 43% higher than the White, non-Hispanic infant mortality rate
- The Black, non-Hispanic infant mortality rate is 138% higher than the White, non-Hispanic infant mortality rate.⁶⁹

From 1980 through 1994, the overall infant mortality rate in Massachusetts declined by 41.7%. During this time period, the infant mortality rate for infants born to white women decreased by 42.9% and the infant mortality rate for infants born to black women decreased by 35.5%.⁷⁰

In 1994, the leading cause of infant mortality originated in conditions arising in the perinatal period, or from 28 weeks to 28 days of age. The leading cause of infant mortality during post neonatal period, or 28 days to 365 days, was SIDS, or Sudden Infant Death Syndrome, which accounted for 58 deaths. Other causes of infant mortality are:

- Homicide -- 9 deaths
- Cancer -- 2 deaths
- AIDS -- 2 deaths.⁷¹

A black child born in the city of Boston (infant mortality rate of 19.2) has less chance of surviving the first year of life than a child born in Cuba, Sri Lanka or Malaysia. A black child born in Springfield (infant mortality rate of 14.7) has less chance of surviving the first year of life than a child born in Kuwait or Hungary.⁷²

F. CHILDHOOD DEATHS

Unintentional injuries (excluding motor vehicle injuries) are the leading cause of death and disability among children. In 1994, 38 Massachusetts children, ages 1 to 14 died from unintentional injuries. Cancer (22 cases), motor vehicle-related injuries (17 cases), and heart disease (13 cases) were the second, third, and forth leading causes respectively of childhood deaths in Massachusetts in 1994.⁷³

In Massachusetts in 1994, the leading causes of death for youths between the age of 15 and 24 were as follows:

- motor vehicle-related injuries (119 deaths)
- homicide (90 deaths)
- suicide (65 deaths)
- cancer (32 deaths).⁷⁴

In Massachusetts, approximately one child per day dies due to a preventable injury and approximately one in five children required hospital treatment for an injury each year.⁷⁵

G. LEAD POISONING

In FY95, 77% (200,206) of the children between the ages of nine months and four years and 65% (284,971) of the children between six months and six years were screened for lead poisoning. An overall incidence rate of 4.2 children per 1000 were confirmed to have elevated blood lead levels.⁷⁶

A high concentration of lead in the body can cause serious damage to the brain, kidneys, nervous system, and red blood cells. High levels can cause retardation, convulsions, coma, and sometimes death. Low levels can slow a child's normal development and cause learning and behavioral problems.⁷⁷

H. CHILDHOOD CANCER

From 1982 through 1992, 2,903 newly diagnosed cases of cancer occurred in Massachusetts children. Of these newly diagnosed cases of cancer in children, the leading types of cancer are:

- 22.0% leukemia
- 16.4% cancers of the brain and nervous system
- 15.6% Hodgkin's and lymphoma.⁷⁸

I. CHILDHOOD DISEASES

In 1995, the Department of Public Health recorded the following cases of childhood diseases for children ages 0-19:

- 492 cases of pertussis
- 5 cases of measles
- 11 cases of rubella
- 2 cases of mumps
- 1 case of presumptive polio (vaccine associated).⁷⁹

These low rates of communicable childhood diseases are due to the Commonwealth's policy of universal childhood immunization.

J. IMMUNIZATION

The Department of Public Health reports that in the 1994/95 school year, 97.7% of children entering kindergarten were up to date on their full series of immunizations. Most of these children, however, received their immunizations late. At age two, 73.4% of these children met the recommended immunization schedule.⁸⁰

A child is considered properly vaccinated at the age of two if he or she has received:

- 3 doses of Hepatitis B vaccine
- 4 doses of DTP vaccine (Diphtheria, Tetanus, Pertussis)
- 3 doses of Polio vaccine
- 4 doses of Hib vaccine (Haemophilus influenza type b)
- 1 dose of MMR vaccine

For each \$1 spent on immunization programs, at least \$10 in health care costs are saved.⁸²

K. ASTHMA

According to the Center for Disease Control, between 1980-1993, asthma death rates soared for young people. The death rate for black youth (ages 15-24) jumped from 7.5 deaths per million to 18 deaths per million during this time period. The death rates for white youth increased from 2 deaths per million to 3 deaths per million during the same time frame.⁸³

In Massachusetts in 1994, a total of 4,372 children (ages 0-17) were hospitalized because of asthmatic conditions.⁸⁴

L. ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)

As of July 1996, there were 383 known HIV (Human Immuno-deficiency Virus) infected children in the state, 189 of whom have developed AIDS and 124 of whom have died. This represents a more than 100% increase in the number of cases since 1993. The number of children who are HIV infected but have yet to develop any symptoms indicating AIDS is unknown.⁸⁵

In Massachusetts, approximately 200 infants per year are born to women who are HIV positive. It is estimated that 20% of these infants will be infected and that all of these infants will most likely lose a parent to the disease.⁸⁶

Although there is some concentration of these births in inner-city Boston, approximately 70% of these births occur outside of the inner-city, with all areas of the state being represented. The Massachusetts Department of Public Health estimates that between 1981 and July of 1996 there were approximately 2,100 live births to women who were HIV infected.⁸⁷

The National Commission on Children reports that at current rates, the number of children with AIDS will reach 13,000 by the year 2000. The risk of HIV infection and AIDS is also growing among adolescents.⁸⁸

In Massachusetts, AIDS/HIV education is associated with a decrease in high-risk sexual behaviors (i.e. multiple partners, alcohol/drug use prior to sexual intercourse, sexual intercourse prior to age 13, and having ever been pregnant/gotten someone pregnant) and higher rates of condom use among those currently having sexual intercourse.⁸⁹

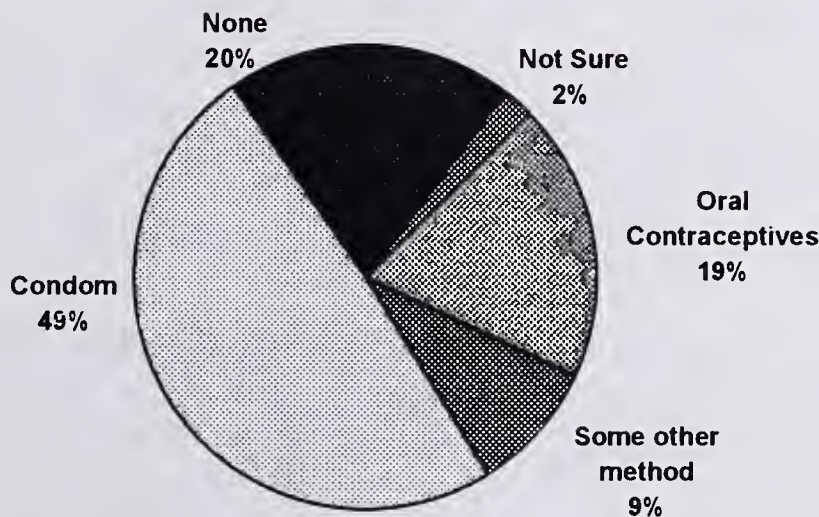
X. CHILD & YOUTH HEALTH STATUS AND BEHAVIOR

A. SEXUAL ACTIVITY

In 1994, an estimated 46.5% of Massachusetts high school students had had sexual intercourse. Approximately 8% reported having engaged in sexual intercourse before the age of 13.⁹⁰ Overall, 4.4% of high school students have had sexual contact with a member of the same sex and/or describe themselves as gay, lesbian, or bisexual.⁹¹

Among all contraceptive methods employed by Massachusetts high school students, condoms are the most commonly used, with 55.9% of sexually active students reporting using this method at last sexual intercourse. The 1995 Massachusetts Youth Risk Behavior Survey reports the following statistics on the use of other contraceptive measures:⁹²

**Contraceptive Method Used at Last Sexual Intercourse by Sexually Experienced High School Students
1994**



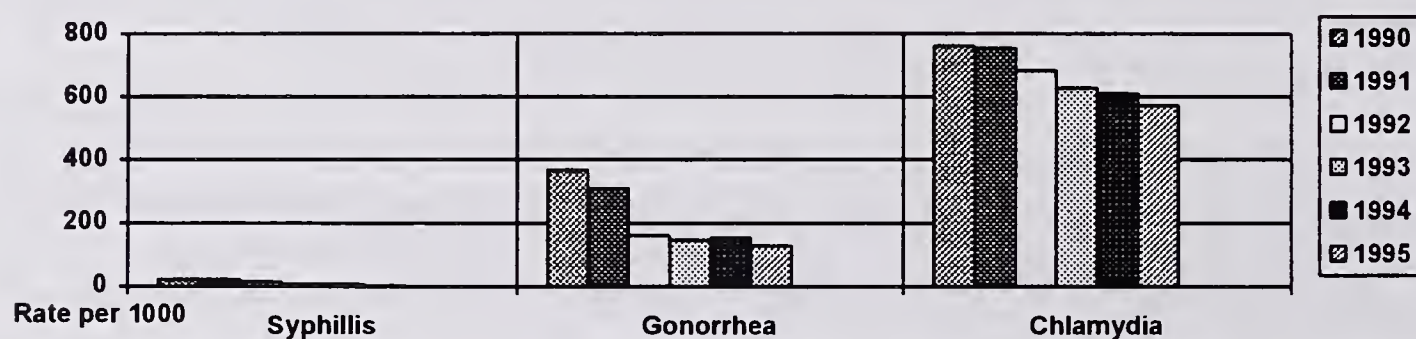
B. SEXUALLY TRANSMITTED DISEASES (STD's)

In 1995, there were a total of 3,003 reported cases of sexually transmitted diseases to Massachusetts children and youth (ages 10-19). Of these cases:

- 2,443 were of chlamydia
- 547 were of gonorrhea
- 13 were of syphilis.⁹³

Adolescents are at increased risk for acquiring STD's due to multiple sexual partners, unprotected intercourse, and intercourse with high-risk partners. Statewide trends for the past five years show significant decreases in STD rates, specifically for syphilis, gonorrhea and chlamydia.⁹⁴

Rates of STD's in Massachusetts Over the Past 5 Years (1990-1995)



According to the Centers for Disease Control and Prevention, an estimated 12 million persons acquire a sexually transmitted infection each year in the United States and two thirds of these infections occur in persons under 25 years of age.⁹⁵

C. TEEN PREGNANCY

In 1994, there were 6,412 infants born to women ages 15-19 in Massachusetts.⁹⁶ From 1980 to 1990, the birth rate among Massachusetts teenage women (aged 15 to 19) increased 27% overall, but decreased by .9% from 1993 to 1994.⁹⁷

In the United States, more than one million adolescents become pregnant each year.⁹⁸

Teen mothers are twice as likely to be poor as non-teen mothers, and children of unmarried teenage mothers are four times as likely to be poor and remain poor for a longer period of time than children in other families.

A teen parent earns half the lifetime earnings of a woman who waits until age 20 to have her first child. Almost 60% of families who receive AFDC are headed by women who were teenagers when they had their first child.⁹⁹

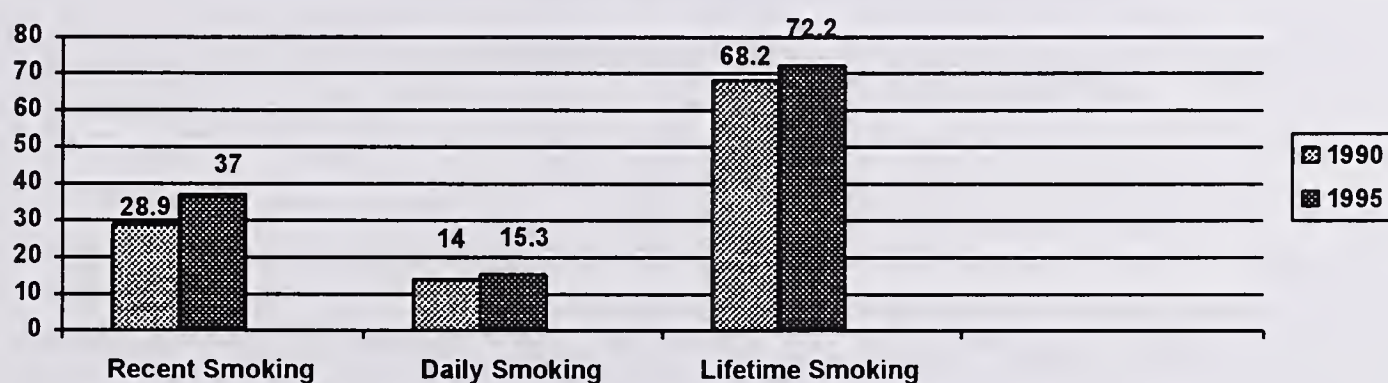
D. SMOKING

Tobacco use is the single most important preventable cause of death in the United States, accounting for one of every five deaths. Smoking is a major risk factor for heart disease, chronic bronchitis, emphysema, and cancers of the lung, larynx, pharynx, mouth, esophagus, pancreas, and bladder. Smokeless tobacco use is related to oral cancer and other oral health problems.

If as little as one quarter of the 70 million children now living in the United States smoke cigarettes as adults, then at least five million of them will die of smoking-related diseases.¹⁰⁰ Approximately 3,000 youth per day begin smoking and 1,000 of them will eventually die as a result of this habit.¹⁰¹

A survey of approximately 5,370 Massachusetts students in 1995 revealed that about one in three students (35.7%) had recently smoked cigarettes (Recent smoking is defined as having smoked in the 30 days prior to the survey). There was a significant increase in recent smoking from 28.9% in 1990 to 37.0% in 1995. However, daily smoking has increased only slightly from 14.0% in 1990 to 15.3% in 1995. The percentage of lifetime cigarette use has increased significantly from 68.2% to 72.2% over the past decade. (Lifetime use is defined as ever having smoked a cigarette).¹⁰²

Massachusetts Teenage Smoking Trends 1990-1995



This survey also reports that for 1995, over two thirds or 72.2% of all Massachusetts high school students have ever smoked a cigarette and one-quarter or 23.9% of students smoked a whole cigarette for the first time prior to the age of 13.¹⁰³

Males and females report similar rates of cigarette use.¹⁰⁴

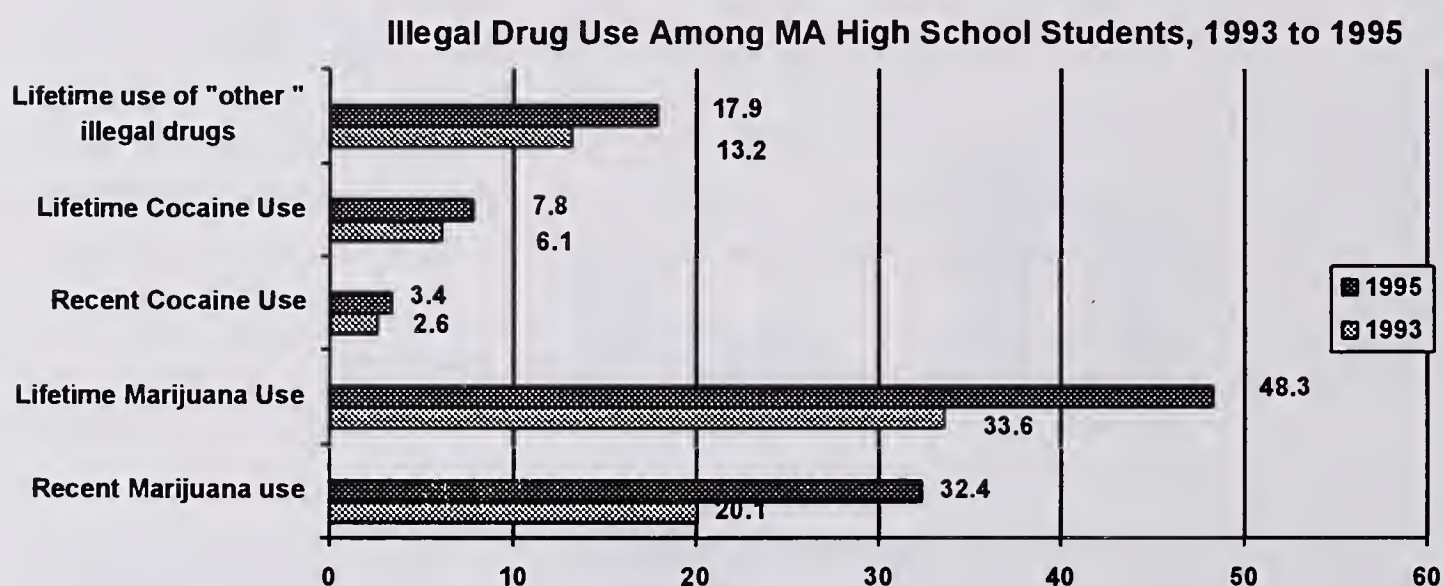
Thirty percent of all cancer deaths are attributable to tobacco use.¹⁰⁵ Nationally, the illnesses attributable to smoking cost individuals and society more than \$65 billion a year.¹⁰⁶

E. SUBSTANCE ABUSE/CHEMICAL DEPENDENCY

According to a study conducted by the Massachusetts Department of Education, the 1995 Youth Risk Behavior Survey, almost half or 48% of all high school students have used an illicit drug (including marijuana, cocaine, intravenous drugs or “other” drugs) at sometime in their lives.¹⁰⁷

Massachusetts high school students’ recent marijuana use has nearly doubled in the past five years rising from 17.4% to 32.4%. Recent cocaine use has also increased significantly for this population from 1.6% to 3.4% in the same time period.¹⁰⁸

The 1995 Massachusetts Youth Risk Behavior Survey also illustrates that lifetime use of illegal drugs has increased dramatically from 1993 to 1995.¹⁰⁹



According to a study conducted by the Massachusetts Department of Public Health in association with Health and Addictions Research, Inc. in 1993, a greater percentage of males (49.2%) used drugs than females (42.6%), with the exception of tranquilizers, where lifetime usage for both males and females in grades 7 and 8 was at a record high level, with 16.4% of 7th grade students and 35.1% of 8th grade students reported lifetime usage.¹¹⁰

In 1995, 38.5% of students were offered, sold or given an illegal drug on school property.¹¹¹

In 1993, 30% of the Massachusetts high school students and 13% of 7th and 8th grade students surveyed reported they would definitely or probably use drugs in the next year.¹¹²

In FY93, 4,166 Massachusetts children and youth were admitted to publicly-funded substance abuse programs. The average age of the young people in these programs was 14. Most of these children (91.4%) are enrolled in school with the eighth grade being the highest grade completed. Of all children admitted to the substance abuse programs: 56.6% were male and 43.4% were female. Of these children:

- 64.8% were White
- 17.6% were of other race and ethnicity
- 16.4% were Hispanic
- 15.3% were Black
- 6.3% were Portuguese
- 2.1% were Native American.¹¹³

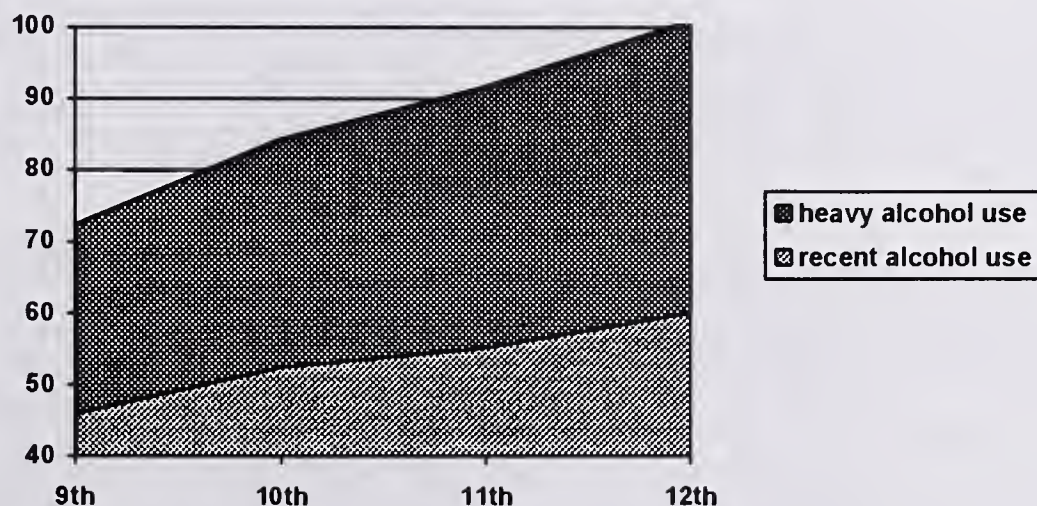
Between the 9th and 12th grade in Massachusetts, lifetime use of marijuana, cocaine, and “other” illegal drugs (such as LSD, PCP, ecstasy, mushrooms, speed, ice, or heroin) increases. On the other hand, lifetime use of steroids and inhalants decreases between the 9th and 12th grade.¹¹⁴

F. ALCOHOL

Alcohol is still the most heavily used substance among adolescents with a 79.2% reported lifetime use for grades 9-12.¹¹⁵

While lifetime use, in general, has remained stable, recent alcohol use has increased from 47.4% in 1993 to 53.2% in 1995. Heavy alcohol use has increased from 27.5% in 1993 to 33.4% in 1995 (Heavy alcohol use is defined as five or more drinks of alcohol in a row, within a couple of hours).

**Recent & Heavy Alcohol Use Among MA High School Students,
By Grade 1995**



However, while across the board consumption of alcohol is on the decline, consumption for 7th and 8th grade students is increasing dramatically, jumping from 58% reported lifetime use in 1990 to 74% in 1993.¹¹⁶ No matter what the age, heavy drinking among youth has been linked conclusively to physical fights, destroyed property, and academic and job problems.¹¹⁷

In the United States, approximately 100,000 deaths per year are attributable to misuse of alcohol.¹¹⁸ It is also the leading factor in nearly half of all homicides, suicides and motor vehicle crashes, which are the leading causes of death and disability among young people.¹¹⁹

Nationally, the total cost of alcohol and drug abuse to individuals and society exceeds \$110 billion each year.¹²⁰ National data also shows that the percentage of students across the nation who perceive heavy alcohol use as a highly risky behavior has declined since 1991.¹²¹

G. MENTAL HEALTH

According to estimates from the National Institute of Mental Health, 11.8% of US children and adolescents are likely to exhibit current or future mental illness or emotional disturbance. This puts 159,463 Massachusetts residents age 18 and under at risk.¹²²

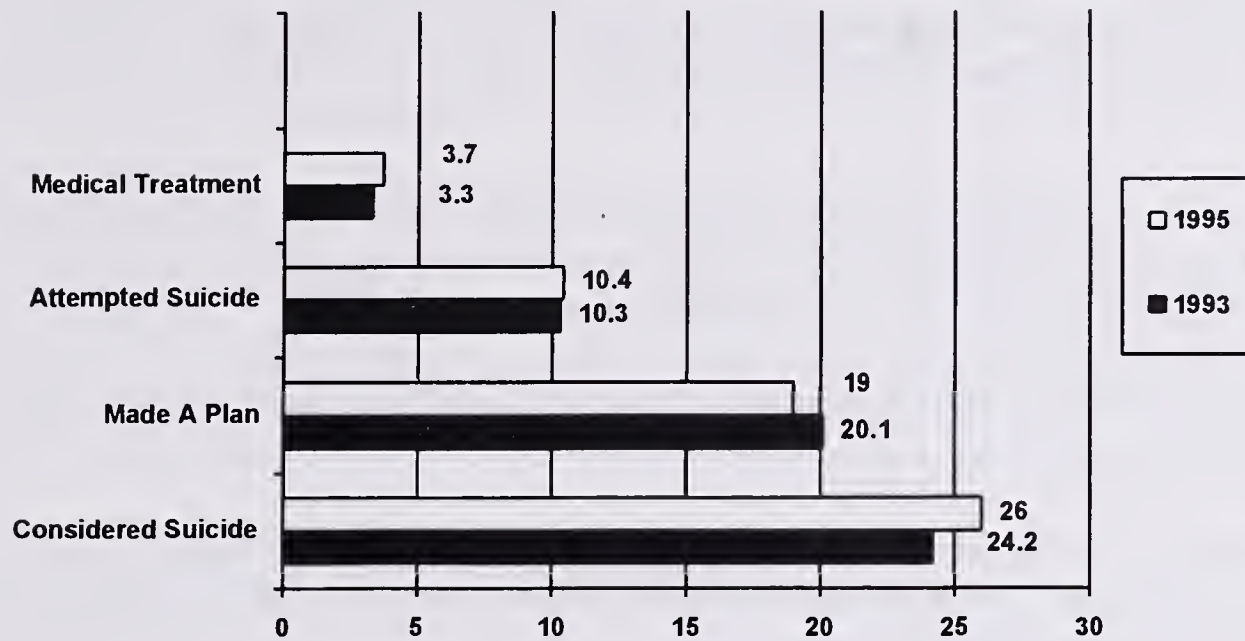
Children are placed at risk of serious mental illness by their neuro-biological make-up, by being the child of a parent with a serious mental illness (e.g., schizophrenia) and/or by experiencing trauma such as being the victim of physical and/or sexual abuse, or a witness or victim of other violence. In addition, emotional and behavioral problems are associated with social and family stresses which interfere with effective parenting, such as poverty, teenage parenthood, parental alcoholism, divorce and unemployment. Although some mental illnesses cannot be prevented, much more is known about prevention and treatment of mental health problems than is reflected in the care currently available.¹²³

H. SUICIDE

The total number of suicide attempts in Massachusetts has remained stable from 1993 to 1995 after having increased significantly from 1990 to 1993. In 1995, 10.4% of Massachusetts public high school students or approximately 24,000 adolescents, attempted suicide.¹²⁴

About one in four or 25.8% of Massachusetts public high school students reported they had seriously considered suicide. Suicide attempts are reported by nearly twice as many females as males at every grade level, from 9th grade to 12th grade. Males, however, are more likely to receive medical treatment for their suicide attempts. Students who considered suicide in the 12 months prior to the survey were more likely to report alcohol use, drug use, physical fighting, and weapon-carrying in comparison to their peers who had not considered suicide.¹²⁵

Suicide Behaviors Among Massachusetts High School Students 1993 and 1995



I. VIOLENCE

Homicide is the second leading cause of death among youth ages 15-24 and is the leading cause of death among black youth in the United States.¹²⁶

As detailed in the 1995 Massachusetts Youth Risk Behavior Survey, approximately one in three or 38.3% of Massachusetts high school students reported being in a physical fight one or more times in the last 12 months. Of these students, approximately 28.3% were adolescent women and 48.3% were adolescent men. Nearly one in twelve students or 7.8% reported being threatened or injured with a weapon on school property in the last year. Of those students having reported fighting in the last twelve months, females were five times more likely to have fought with a family member than males.¹²⁷

Of the female students surveyed in 1995:

- 34.0% reported having fought with a friend or acquaintance
- 35.5% fought with a family member
- 6.7% fought with a total stranger
- 6.8% fought with a boyfriend, girlfriend, or date
- 17.1% fought with an “other”.¹²⁸

Of the males students surveyed in 1995:

- 43.2% reported having fought with a friend or acquaintance
- 7.3% fought with a family member
- 21.2% fought with a total stranger
- 1.0% fought with a boyfriend, girlfriend, or date
- 27.3% fought with an “other”.¹²⁹

J. WEAPONS

Statistics from the 1995 Massachusetts Youth Risk Behavior Survey indicate that one in five, or 20.4% of Massachusetts high school students have carried some sort of weapon in the last 30 days. One in twenty or 5.3% of students reported carrying a gun in the last thirty days.¹³⁰

Teenagers (ages 15-19 years) in Massachusetts were the age group at the highest risk for gunshot wounds treated in emergency departments. In 1994, over 1,000 teenagers were treated for gunshots and stab wounds in hospital emergency rooms.¹³¹

Nationally, the number of homicides committed by youths and the number of homicides they committed with guns both doubled from 1985 to 1992.¹³²

Approximately nine out of ten homicide victims in the United States are killed with a weapon of some type, such as a gun, knife or club. Firearm-related suicides account for 60% of adolescent and young adult suicides.¹³³

K. JUVENILE CRIME

On a national level, it has been estimated that 2.3 million juveniles were arrested in 1992.¹³⁴ In Massachusetts every year, approximately 21,000 juveniles are arraigned for various crimes, 20 of them for the charge of murder.¹³⁵

Forty percent of all juvenile crime occurs between 3 p.m. and 8 p.m.¹³⁶

One in twelve or 7.8% of Massachusetts public high school students reported being involved in a gang.¹³⁷

In FY96 there were 4,099 detention admissions to the Department of Youth Services (DYS) representing an increase of 101 cases or 2.4% in the past year. New commitments decreased in FY96, by 46 cases or 4.0%. Of the newly committed youth in 1995:

- 47.3% for crimes against a person
- 32.8% were committed for property offenses
- 7.1% for drug-related offenses
- 6.3% for weapons offenses
- 3.8% public order offenses
- 2.7% for motor vehicle offenses.¹³⁸

The number of youth committed to the Department of Youth Services rose by 160% between 1988-1994.¹³⁹

L. YOUTH EMPLOYMENT

The Massachusetts annual youth unemployment rate (for ages 16 through 19) was 15.9% in 1994 a decline of 3.1% from 1993.¹⁴⁰ During the school year, approximately two-fifths of the nation's 16 and 17 year-old high school students are working or looking for work; this proportion increases to more than one-half during the summer.¹⁴¹

According to the National Commission on Children, many employers report that a substantial number of young people lack the basic skills, habits, and attitudes necessary for employment.¹⁴² A recent assessment of 21 to 25 year-olds by the US Department of Education found that only 38% could calculate the change they were owed from a two-item restaurant meal, only 37% could find information in lengthy news articles and only 20% could use bus schedules.¹⁴³

Every \$1 invested in job training for youth has been shown to generate \$1.46 in increased employment, earnings, school completion and reduced crime and welfare costs.¹⁴⁴

M. CHINS (CHILDREN IN NEED OF SERVICES)PETITIONS

At the end of FY96 Fourth Quarter there were a total of 691 C.H.I.N.S. referrals. The monthly average of referrals was 230 or 2,760 C.H.I.N.S. referrals per year. Referrals increased 21% from the second to the fourth quarter.¹⁴⁵

N. CHILD ABUSE

In 1995, the Department of Social Services (DSS) substantiated that 25,375 children were abused and neglected, a 4% decrease from 1994. The number of reported cases of child abuse and neglect in Massachusetts decreased by 1% over the past year representing a total of 96,255 children in 1995. Reports of childhood sexual abuse have decreased by 13% in the past year and substantiated reports have declined by 21% since 1994.¹⁴⁶

From 1993 to 1994, there was a 10% increase in the number of congenitally drug-addicted children and a 3% increase in neglected newborns.¹⁴⁷

Recent research suggests that many abused and neglected children become society's most disabled, dysfunctional and dependent individuals.

Increasingly, child maltreatment appears to be a common denominator in our most serious social problems -- from delinquency and runaway behavior of adolescents to violent and sexual crimes of adults.¹⁴⁸

O. FOSTER CARE

As of June 1995, the Department of Social Services (DSS) reported that there were 11,196 children in foster care. This represents an increase of 1% since 1994.¹⁴⁹ However, the number of children in the foster care system has risen by 71% since 1985.¹⁵⁰

In 1995 in Massachusetts, the daily rate of reimbursement for foster parents is \$13.65 for newborns to age 12 and \$16.20 for children over the age of 13.¹⁵¹

According to the Needs Assessment Analysis of the Massachusetts Foster Care System, the foster child population is approximately evenly divided between females (51%) and males (49%). Of these foster children:

- 49.3% are white
- 25.4% are black
- 18.7% are Hispanic
- 6.7% are other or unspecified.¹⁵²

It was also determined in this report that 45% of foster children had special needs including medical, behavioral, emotional, and other issues.¹⁵³

In 1995, the various age groups of children in foster care was as follows:

- 4,390 infants to five years old
- 3,857 six to eleven years old
- 5,055 twelve to seventeen years old.¹⁵⁴

At the end of FY94, DSS reported that the median length of stay for a child under 18 in foster care in Massachusetts was 1.3 years.¹⁵⁵

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